FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED —
2014 FEB - 5 AH II: 47
EFC MAIL CENTER

| FORM 1 | | ORGANIZATION | | | FEC MAIL CENTER | | |
|--|---------|-----------------------------|-----------|--|-----------------|---------------------------------|--|
| NAME OF COMMITTEE (in | n full) | (Check if name is changed) | | mple:If typing, type the lines. | 12FE4M5 | a Garan Gara Carral | |
| Committee to Elect Brian C. Reese for Congress | | | | | | | |
| P.O. Box 6103 | | | | | | | |
| ADDRESS (number and street) (Check if address is changed) | | Savannah | | | GA | 31414 | |
| | | | CITY | | STATE | ZIP CODE | |
| COMMITTEE'S E-MA (Check if is change | address | (Please provide only one | e-mail ad | dress) | mai/i | com | |
| COMMITTEE'S WEB PAGE ADDRESS (URL) | | | | | | | |
| (Check if address is changed) | | www.BrianReese4congress.com | | | | | |
| 2. DATE 02 '1 2014 | | | | | | | |
| 3. FEC IDENTIFICATION NUMBER | | | | | | | |
| 4. IS THIS STATES | MENT 🗵 | NEW (N) OR | | AMENDED (A) | | | |
| Type or Print Name of Treasurer Dr. Gertrude Robinson Signature of Treasurer Date Date | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. | | | | | | | |
| ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | | | | |
| Office Use Only | | | | For further Information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) | |